

BENCH BOOK FOR THERAPEUTIC INTERVENTIONS IN FAMILY COURT

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ABSTRACT

Forensically Informed Therapeutic Interventions are designed to broaden the scope of referral in Family Court by offering services that better meet the diverse needs of families. This bench book was originally written at the request of several judges eager to better understand how to successfully manage difficult cases in family court. The bench book contains definitions and referral information for various forms of evaluations and interventions, its emphasis is on assisting judges in the referral process. With its practical orientation, this bench book contains sample forms of orders as well as guidance regarding what referral issues are best suited for what forms of evaluations and interventions.

INTRODUCTION

Each year, the Family Court refers thousands of family law cases to behavioral health professionals for assessment and intervention. The most common referrals are those for child custody evaluations that involve assessment of family members in order to assist the Trier of Fact in making child custody and access decisions.

Increasingly, the court needs a broader range of services. Custody evaluations are not one size fits all. Rather than refer every case for a comprehensive child custody evaluation, judges desire alternate routes of referral to answer their questions. As an example, judges have noted that many cases are better suited for brief evaluations such as problem-focused evaluations or dispute assessments, rather than lengthy comprehensive evaluations. Further, reunification, parental polarization/alienation, estrangement, and child maltreatment cases require more than custody and access recommendations. They require short-term triage, long-term monitoring, treatment, education and the generation of data relevant to return hearings, all of which are better addressed through therapeutic interventions.

This bench book is designed to broaden the scope of referral in Family Court by illustrating the types of evaluations and interventions that may be used in different cases. While the bench book contains definitions and referral information for various forms of evaluations and interventions, its emphasis is on forensically informed therapeutic interventions. This bench book contains sample forms of orders as well as guidance regarding what referral issues are best suited for what forms of evaluations and interventions.

Forensically informed therapeutic interventions³ are a constellation of clinical interventions developed for use in Family Court. Forensically informed therapeutic interventions were developed to better meet the needs of children and families during and after dissolution or reconstitution. Interventions are varied enough to address a broad range of referral issues such as reunification, relocation, estrangement, child maltreatment, parental substance abuse, and specific enough to answer one or two pressing legal questions, as needed, for the Trier of Fact.

Methods of evaluation in Family Court include: Comprehensive Evaluation, Problem-Focused Evaluation, Dispute Assessment and Child Developmental Evaluation.

Methods of intervention in Family Court include: Emergency Case Stabilization (ECS), Therapeutic Re-contact, Therapeutic Reunification, and Forensically Informed Treatment (FIT).

DEFINITIONS AND APPLICATIONS

Evaluations

I. *Comprehensive Evaluation*⁴

A comprehensive evaluation is broad in scope and methodology. This level of evaluation is often conducted by a licensed psychologist or

³ This bench book is based, in part, on the following article, Kenney, L. & Vigil, D. (1996) *A lawyer's guide to therapeutic interventions in domestic relations court*. 28 ARIZONA STATE LAW JOURNAL, 629-672. The authors thank Diana for her valuable contribution to the concept of forensically informed treatment and her dedication to the original work.

⁴ See Gould, J. CONDUCTING SCIENTIFICALLY CRAFTED CHILD CUSTODY EVALUATIONS, Thousand Oaks, CA: Sage, 1998.

psychiatrist with or without collateral or team member support. The comprehensive evaluation is requested when the court is faced with complex behavioral health or high risk factors.⁵ The comprehensive evaluation is comprised of various components including clinical interviews, psychological testing, home visits, and parent-child observations, collateral interviews. The components employed depend on the case parameters, allegations, and referral questions.

The comprehensive evaluation usually lasts two to four months (but could be longer in complex cases) and is quite costly. It may involve sequential monitoring of behavior over time, referral for other modes of assessment, in-depth analysis of allegations, and other parental and systemic concerns. The report generated after a comprehensive evaluation often addresses more than the statutory issues addressed in a dispute assessment.⁶ The report often contains comprehensive summaries of mental status issues, psychiatric symptoms, and observed behavior as well as an analysis of the degree to which data are consistent or inconsistent with specific allegations or case concerns.

A comprehensive evaluation is recommended under the following circumstances: (1) When there are identified high risk factors in a case, such as domestic violence, substance abuse, serious mental illness, contentious parents, or child abuse^{7,8}, and/or (2) when the complexity of the issues in the case suggests that it is wise to use a team evaluation. Two or more clinicians may conduct a team evaluation, with one court-appointed expert as the primary and directing expert on the case. The other team members may serve to conduct forensic interviews, child developmental assessments, substance use assessments, parental competency assessments and the like.

II. Problem-Focused Evaluation

A problem-focused evaluation is a mid-level evaluation. It is designed to answer one or to pressing issues in a case that involve a more thorough degree of inquiry and data analysis than does a dispute assessment, but it is not as complete in scope as a comprehensive evaluation. It is appropriate when a specific question, issue, or problem requires

⁵ See Methodology for referral page 9.

⁶ See page 5.

⁷ See Committee on Legal and Ethical Issues in the Treatment of Interpersonal Violence, American Psychological Association, PROFESSIONAL, ETHICAL AND LEGAL ISSUES CONCERNING INTERPERSONAL VIOLENCE, MALTREATMENT AND RELATED TRAUMA.

⁸ THE APSAC HANDBOOK ON CHILD MALTREATMENT SECOND EDITION, John E.B. Myers et al. (Eds). Westlake Village, CA: Author, 2001.

examination and a well-founded expert opinion. Examples include: Divorcing parents who are in disagreement over academic placement of a gifted child; divorcing parents who are in conflict over the role of a parent's new partner or parents who have already gone through a divorce and wish to update their parenting plan but are in disagreement about time-sharing as their child approaches his or her teen years.

A problem-focused evaluation may be more appropriate than a comprehensive evaluation when the number of points of agreement are high within the couple (they agree as to most of the parenting plan), there are no identified high risk factors (no current substance use, mental health, safety or child maltreatment issues), and there are minimal pressing issues is of concern.

The licensed mental health professional conducting the problem-focused evaluation draws from the same components in the menu for the comprehensive evaluation but administration of the number of components is less exhaustive as the best interests of the child⁹ may be assessed at a medium level of scrutiny.

The problem-focused evaluation is often appropriate post-divorce when review of previously collected data is needed in light of current circumstances to update a case.

Problem-focused evaluations are useful when there is a re-visiting of previously evaluated cases, when there are modifications without new allegations, and when the parents are in a low-medium risk category with regard to chronic hostility, ability to understand the needs of the child, and ability to put aside their own needs and wishes when it comes to the best interests of the child. They are also useful when the previously established parenting plan needs to be revised due to the changing developmental needs of the child.

III. Dispute Assessment

A dispute assessment is a quality brief evaluation emphasizing family factors reflective of statutory issues in the case.

Dispute Assessments are quality brief evaluations that primarily address statutory issues set forth in Arizona Revised Statutes section 25-403 such

⁹ See Krauss, D & Sales, B. *Legal standards, expertise and experts in the resolution of contested custody cases*, PSYCHOLOGY PUBLIC POLICY AND LAW, 6, 843-879, December 2000.

as: wishes of the child, wishes of the parents, use of coercion, willingness to allow frequent and continual access, mental and physical health, interaction, primary caretaker, and adjustment of the child to his/her community and home. They are completed in a relatively brief period and they are less costly than other evaluations. Dispute assessments serve the purpose of illuminating issues relevant to the best interests of the child in a timely and concise manner. The methodology includes evaluating the family, and collecting educational, psychosocial, medical, psychological, legal and collateral data relevant to the needs of the child.

Dispute assessments often require less than ten face-to-face clinical interview hours, with additional time spent reviewing documentation. Data collection is less exhaustive and some questions might be identified but left unanswered. In a dispute assessment, a problem list can be generated with a goal list and an action plan embodied in the report for optimal utilization of informative data. For practical purposes, the dispute assessment report primarily consists of recommendations without the detailed psycho-social summary often found in more exhaustive reports. Dispute assessments can be exceptionally useful when time is of the essence and the court needs an action plan in short order to make decisions relevant to the best interest of a child.

IV. Child Developmental Evaluation

A Child Developmental Evaluation is a child-centered evaluation emphasizing the relationship between the child's needs and custody/access decisions.

This is a child-centered evaluation conducted by a court-appointed developmental expert which examines the child(ren)'s cognitive, developmental, academic, social, religious, athletic, temperamental, historical issues, skills and abilities in order to directly inform the parents, counsel and/or the Court of information to assist them in making child-centered custody and access decisions. These evaluations are conducted with higher functioning parents who present with concerns about how to talk with their child about the divorce; how to enhance a child's ability to cope with anticipated changes and transitions; how to write access plans in a family with each individual child's needs as a central consideration; and how to develop co-parenting and reconstitution styles to best meet the child's growing needs.

The evaluators are often utilized in settlement conferences with parents who are unlikely to litigate, to assist in the development of child-centered

access and parenting plans.¹⁰ As a result, a custody evaluation is not needed; rather, the evaluator's role is to obtain information and make recommendations about how to place the children's needs first in the divorce process.

Therapeutic Interventions

I. Emergency Case Stabilization (ECS)

Emergency Case Stabilization (ECS) is an intervention aimed at stabilizing potentially dangerous circumstances and making referrals for acute treatment.

Emergency Case Stabilization (ECS) is designed to manage families in acute crisis when the court feels that it needs a rapid assessment of very serious issues prior to writing temporary orders in a case. ECS often is an appropriate response to serious allegations raised in an emergency hearing so that the court will conduct measured, thoughtful, and informed decision making. ECS is initiated when the court issues an order for an experienced child forensic mental health professional (stabilization expert) to evaluate the child and the family within a short period of time. The professional then writes a thorough report with clear recommendations regarding further evaluation, intervention, or treatment. A referral for ECS may be issued with temporary orders. These orders may be revised upon receipt of the report. This differs from a custody or visitation evaluation because the stabilization expert's primary function is to provide emergency services to the family, as well as to make temporary recommendations to the court in the very preliminary stages of the case.

A typical ECS case is one in which there is chaos in the family. One parent might be substance abusing, one child might be failing out of school, another child might have recently been arrested, and all the while, the parents are litigating over custody or access.

II. Therapeutic Reunification

Therapeutic Reunification is an intervention aimed at supporting a renewed relationship, usually between a parent or caretaker and a child. The intervention

¹⁰ Refer to Janet Johnston's concept of the child developmental assessment. *See also* Model parenting plans available through the Superior Court of Arizona, Maricopa County.

is typically designed for cases of polarization or estrangement. Yet is useful in a broad array of family law circumstances.

Therapeutic Reunification generally consists of progressive contact between a child and parent or sibling that begins in the office of a mental health professional and proceeds with step-wise approximations to the custody/access order at a rate that supports the well-being of the child.

In Therapeutic Reunification cases, the court has usually rendered findings of fact and conclusions of law that the reunifying parents does not pose a substantial danger to the child and that unsupervised access is scheduled to resume. In these cases, it is typical for one parent to wish for reunification and for another parent to defend against it. When there is a ruling that reunification and unsupervised access will take place, it allows the family to move from a stalled position to one in which impasses can be addressed with a court-appointed Therapeutic Reunification clinician.

It is best when the court establishes a reunification plan prior to the initiation of the intervention. Typically, the court orders four to eight weekly sessions in the office of the expert with a progressive out-of-office access schedule to follow, in the course of a 20-52 week intervention. Sample wording to be included in the order of appointment of the Therapeutic Reunification clinician follows:

The family is referred for 24 weeks of reunification counseling, with additional sessions to be ordered, as needed, at a review hearing. The family is to meet in the office of the clinician in any combination of persons the expert directs. Initially, Father and son shall meet in the office of the clinician for a minimum of eight one-hour sessions after which time, six four-hour visits shall take place on Saturdays from 9 a.m. to 1 p.m. After six half-day visits, six full-day visits shall ensue from 9 a.m. to 4 p.m. on Saturdays. After twelve weeks, of day visits, in approximately the twentieth week of the intervention, overnight access shall ensue from Friday at 5 p.m. to Saturday at noon for the following eight weeks. Fifteen minute return hearings will be scheduled by the court in weeks twelve and twenty of the therapeutic intervention. The schedule will be reviewed and further orders will be issued at the completion of the court-ordered reunification process.

III. Therapeutic Re-contact

Therapeutic Re-Contact is an intervention that occurs in a more closely monitored and restrictive environment than reunification. The intervention is

typically designed for cases with documented neglect or abuse, incapacitating mental illness in a parent, impaired parents, and substance abusing parents.

Therapeutic re-contact is generally employed after another level of evaluation and treatment has taken place and recommendations have been made for re-contact. Therapeutic re-contact is most appropriate in cases where a parent is known to have committed child abuse, domestic violence, or a criminal act such as driving under the influence, exposing the child to substance abuse etc. Re-contact is not ordered until the offender has participated in successful treatment and the court has issued findings of fact and conclusions of law that the parent does not currently pose a substantial risk to the child.

Therapeutic re-contact often takes longer than therapeutic reunification because the alleged offender and the alleged victim often have been separated for a protracted period of time and significant rehabilitation has been needed on the part of the offending parent. Often, the non-offending parent and child have also been in individual counseling prior to re-contact.

The therapeutic re-contact clinician is a licensed mental health professional who likely has training and experience in child and adult maltreatment, child and adolescent trauma, adult psychopathology, substance abuse, psychopathy, offender dynamics, and family therapy. The clinician assists families in re-establishing contact between caretakers, siblings, and children after protracted separation.

IV. Forensically Informed Treatment

Forensically Informed Treatment is court-ordered therapy with an eye toward forensic issues.

Divorce cases involve unique ethical and legal issues related to all aspects of service provision. Common policies related to the right to consent for treatment, the right to seek services, defining who is the client, releasing information, and communicating with third parties require thoughtful inspection, thorough documentation, and consistency, often unique to the legal arena. Thus, practice policies and procedures for competent management of treatment cases in the forensic arena are essential.¹¹ Such

¹¹ Kenney, L. & Vigil, D. *Forensically Informed Treatment*. Paper presented at the Annual Convention of the American Psychological Association, August, 1995. Greenberg, L. & Gould, J. *The treating expert: A hybrid role with firm boundaries*, 32 PROFESSIONAL PSYCHOLOGY: RESEARCH AND PRACTICE, 469-478, October, 2001. Markan, L. & Perrin, G.

procedures incorporate ethical, legal and good practice guidelines.¹² These thoughtful policies and procedures are the foundation for Forensically Informed Treatment, the provision of psychotherapy at the intersection of law and psychology.

Implementing Referrals

When making referrals for evaluation or intervention, Judges consider many factors including results of past evaluations or interventions, compliance with court orders, compliance with treatment and behavioral history. When faced with complex cases, usually in short-time frames, judges may also refer to a variety of risk factors to help determine the type of evaluation or intervention appropriate in each case. These risk factors may include, but are not limited to: 1) Imminent risk of harm, 2) threats of psychological harm, 3) threats of physical harm, 4) psychiatric or behavioral health problems, 5) criminal behavior, 6) behavioral history, 7) substance use history, 8) parental competency, 9) special needs in the children, 10) current aggravating circumstances, 11) current stabilizing factors and 12) developmental, educational, temperamental and behavioral issues in the child or family.

Other factors to consider when making the referral include who brought the action, presence or absence of allegations, previous history of utilization of behavioral health professionals in the case, manipulation or coercion in the case, domestic violence, secondary gain by third parties, and what is motivating the current legal action.

In determining which evaluation or intervention is most appropriate, Judges may ask themselves:

- a. Is this an emergency? Why?
- b. What were the last written orders in this case?
- c. What level of evaluation or intervention has been implemented in the past?
- d. What were the outcomes of the evaluations or interventions?

Serving Children: Obtaining consent to treat, evaluate or disclose information. AZPA PRACTICE BULLETIN, 1998.

¹² See American Psychological Association, *Ethical Principles of Psychologists and Code of Conduct*, 47 AM. PSYCHOLOGIST 1597 (1992) [hereinafter APA, *Ethical Principles*]; American Psychological Association, *Guidelines for Child Custody Evaluations in Divorce Proceedings*, 49 AM. PSYCHOLOGIST 677-680 (1994). American Psychological Association Ethics Committee. *Report of the Ethics Committee*, 54 AM. PSYCHOLOGIST, 701-710, 1999. Association of Family and Conciliation Courts. MODEL STANDARDS OF PRACTICE FOR CHILD CUSTODY EVALUATION, Madison, WI: Author, 1999.

- e. What level of intervention does the case need now?
- f. What questions still need to be answered for this case to proceed?


The following risk factors are identified to assist the Trier of Fact with the referral process. They are neither exhaustive nor inflexible. Every single case needs to be evaluated on its own merit and risk factors need to be thoughtfully reviewed in light of other case factors. Time frames are provided to distinguish between acute and chronic issues, they are not definitive, as data varies from case to case. Thoughtful decision making entails considering a broad data base including risk factors as well as other issues as described in this article. General risk factors will be examined in a more focused manner in the following section.

METHODOLOGY FOR REFERRALS IN FAMILY COURT

- I. Level 1 – These are the most serious cases often necessitating a court-appointed clinician or evaluator. It is customary to refer for a comprehensive evaluation, emergency case stabilization or for team triage. If a post-divorce or a previous evaluation was conducted, the case might be referred for therapeutic re-contact.

Level 1 referrals are often made in the following case:

1. Documented parental violence with physical injuries to any family member within the past three years.
2. Child is a victim of documented physical, sexual, or emotional abuse by a family member within the past five years.
3. Documented parental child neglect within the past three years.
4. There has been a child protective services investigation or police investigation with corroborated reports, within the past year.
5. Child disclosure of sexual or physical abuse with medical findings on a forensic medical exam.
6. At least one parent has a documented substance abuse history within the past year, DUI within the past year, or an arrest for a substance related offense in the past year.

7. Parent on parole or probation for prior criminal offense against children.
 8. Parent with documented history of domestic violence in the past five years.
 9. History of child or adult psychiatric hospitalizations, within the past three years.
 10. Child or children with special needs (autism, language disorders, learning disabilities etc.) and parents are in moderate-severe conflict over care, education or intervention for the child (simple education, counseling, advice or mediation has not resolved conflict).
 11. Prior custody evaluation and one or both parties are noncompliant with the recommendations.
 12. Prior history of several unfounded ethical complaints or lawsuits levied against previous treatment providers by the parents or a third party.
- II. Level 2: These cases include a mid-level degree of concern. These referrals are often for a problem-focused child custody evaluation, therapeutic reunification, or forensically informed treatment. Note: If it is within the first six hours of a clinical case evaluation, and the expert perceives level 1 issues are present, requiring more exhaustive data collection, the evaluator should refer back  the court for a full evaluation or alternate intervention.

Level 2 referrals are often made in the following cases:

1. A parent has a prior, non-violent criminal history within the past three years.
2. Chronic interpersonal hostility between the parties such that children are repeatedly exposed to emotional conflict.¹³

¹³ See Johnston, J. & Roseby, V. *IN THE NAME OF THE CHILD*, New York: Free Press, 1997. Camara, K. & Resnick, G. *Intraparental conflict and cooperation: Factors moderating children's post-divorce adjustment*, In E.M. Hetherington & J.D. Arasteh (Eds.) *IMPACT OF DIVORCE, SINGLE PARENTING, AND STEP-PARENTING ON CHILDREN* (pp.169-177). Hillsdale, NJ: Erlbaum, 1988. Wallerstein, J. & Kelly, J. (1980). *SURVIVING THE BREAK-UP: HOW CHILDREN AND PARENTS COPE WITH DIVORCE*. New York: Basic Books, 1980. Kelly, J.

3. Child with special developmental, physical and/or emotional needs.¹⁴
 4. Child disclosure of physical, sexual or emotional abuse with no documentation or a finding of unsubstantiated abuse by a qualified investigating agency.
 5. Child/parent substance abuse history in past five years.
 6. There is a history of parental substance abuse with or without medical intervention, that is currently in remission.
- III. Level 3: These cases are customarily referred for a dispute assessment, child developmental evaluation, mediation, forensically informed treatment or a co-parenting consultation prior to considering referral for a problem-focused or comprehensive child custody evaluation.

Level 3 referrals are often made in the following cases:

1. Pro per litigants who do not agree about the parenting plan.
2. One parent is not in agreement with the other parent's perception of a current need for psychological intervention for the child(ren).
3. The parents wish to write a parenting plan, but do not know how to or what it should contain.

Understanding that the particular issues dictate the most appropriate judicial orders, the next section supplies some sample orders. While samples for every appointment are not included, these orders can easily be reviewed to represent the particular appointment.

PROPOSED FORMS OF ORDER

Children's adjustment in conflicted marriage and divorce: A decade review of the research, 39 JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY, 963-973, 2000.

¹⁴ Kelly, J. & Lamb, M. *Using child development research to make appropriate child custody decisions*, 38 FAMILY AND CONCILIATION COURTS REVIEW, 297-311, 2000.

**ORDER APPOINTING
AN EMERGENCY CASE STABILIZATION CLINICIAN**

IT IS ORDERED *appointing [Emergency Case Stabilization Clinician's name, phone # and address]* to conduct an Emergency Case Stabilization of the above named family and their respective children for the next 45 days. The parties and their children are to be seen in the office of the expert within 72 hours. A fact-based report with recommendations regarding child custody and access for the parents and minor child/children as well as recommendations for further assessment, treatment and intervention is ordered completed within 45 days. Upon receipt of the report, the expert is relieved of his or her duty to the case, and alternate experts will be subsequently appointed within 48 hours, as needed.

Counsel for the parties, or parties if pro per, shall make the initial contact with the examiner through joint conference or conference call within 24 hours of receipt of this order and thereafter shall arrange for the appointments for the persons to be examined.

The initial conference with the expert shall be used to summarize the issues present in the case and to allow the expert to request information he or she believes would be pertinent. The acceptance of this appointment by the evaluator indicates a capability of completing a written report by < *date* > and the ability to appear in court on the stated issue. If the expert appointed cannot comply with the time parameters stated, he or she shall notify counsel or the court immediately upon receipt of this minute entry.

THE AUTHORITY OF THE EMERGENCY CASE STABILIZATION CLINICIAN

The Emergency Case Stabilization Clinician shall have the following rights and authority with regard to the minor children and family members:

The Emergency Case Stabilization Clinician shall serve as an expert for the court in order to provide data and opinions relevant to the care of, custody of and access to the minor children in this case pursuant to applicable Arizona Statutes and case law. The Emergency Case Stabilization Clinician shall have the authority to assess, intervene, educate and refer for treatment as deemed necessary by the expert.

The Emergency Case Stabilization Clinician shall have: (a) Reasonable access to the children and family members with 24-hour notice and (b) Reasonable access to all treating clinicians, medical doctors, educators, day care providers, and health care professionals with 24-hour notice. The

parties shall immediately comply with any requests by the Expert for documentation or further evaluation such as random drug testing through TASC, substance use assessment by a licensed medical doctor, or any other form of assessment unless otherwise instructed via court order.

In addition, the Emergency Case Stabilization Clinician shall be *promptly* provided all records, reports, and documents requested and shall receive the cooperation of all parties and counsel involved to ensure that the report is submitted on the date requested. This Stipulation shall act as a release by the parties of all information requested by the Emergency Case Stabilization Clinician and shall further obligate the parties for any costs associated with the production of those records to the Emergency Case Stabilization Clinician. Any such costs shall be paid promptly and by the party/parties as outlined in this order.

The Emergency Case Stabilization Clinician may request that the parties and/or children participate in adjunct services, to be provided by third parties, including but not limited to physical or psychological examinations, assessment, psychotherapy, co-parenting work, or alcohol and drug monitoring/testing. The Court shall allocate between the parties the cost of any adjunct service.

The Emergency Case Stabilization Clinician may communicate ex-parte with the Court regarding procedural issues. The Court may order additional rules applicable to the Emergency Case Stabilization Clinician from time to time.

The Emergency Case Stabilization Clinician may seek guidance from the Court in order to achieve clarity with regard to the procedural aspects of the intervention should disputes arise. If the litigant[s] is/are Pro Per, the Emergency Case Stabilization Clinician may communicate with the judge regarding how to proceed.

The attorneys may not engage in ex-parte communications regarding substantive issues with the Emergency Case Stabilization Clinician but rather communications shall be conducted personally or through conference calls, unless otherwise determined by the court. Procedural issues and scheduling may be discussed at the discretion of the Emergency Case Stabilization Clinician. The Emergency Case Stabilization Clinician may choose to communicate with counsel about procedural issues and may refrain from discussing material originating in the sessions at his/her discretion.

Although the Emergency Case Stabilization Clinician will espouse collegial inter-professional relations with counsel, the Emergency Case Stabilization Clinician does not have to report to the attorneys and any threats or intimidation by counsel or the parties toward the interventionist shall be promptly reported to the court.

No other clinicians (therapists, psychologists, social workers) are to work on this case during the course of the evaluation without the consent or authorization of the Emergency Case Stabilization Clinician, unless otherwise authorized by court order.

INFORMATION AND RECORDS

The Emergency Case Stabilization Clinician shall be provided copies of all minute entries, orders and pleadings filed in this case.

The Emergency Case Stabilization Clinician shall also have access to:

- [i] All therapists of the children and parties;
- [ii] All school and medical records of the children and parties;
- [iii] Any and all psychological testing or evaluations performed on the children or the parties (if the Emergency Case Stabilization Clinician is qualified in test interpretation);
- [iv] Any and all teachers/child care providers for the children.
- [v] Any and all additional records the Emergency Case Stabilization Clinician deems necessary and relevant to the evaluation.

At the request of the Emergency Case Stabilization Clinician, each party shall execute any and all releases or consents necessary so as to authorize the Emergency Case Stabilization Clinician's access to the information contemplated herein above.

The Emergency Case Stabilization Clinician may seek information and records that are the result of a privileged relationship. The Emergency Case Stabilization Clinician shall request only the records and information that are necessary and pertinent to further the purpose of this case stabilization. The possessor of the records and information will release relevant information in an effort to retain the integrity of the privileged

relationship, yet cooperate with the needs of the Emergency Case Stabilization Clinician for this case stabilization.

APPEARANCES

Each party reserves the right to call the Emergency Case Stabilization Clinician as a witness. If only one party believes that the Emergency Case Stabilization Clinician's testimony is necessary in addition to her written report, that party shall be responsible for 100% of the costs incurred in connection with the Emergency Case Stabilization Clinician testifying during the hearing.

The Emergency Case Stabilization Clinician may appear and may be available to testify at any court hearing upon reasonable notice to the Emergency Case Stabilization Clinician, the Court, and the opposing party, regarding any issue addressed by the Emergency Case Stabilization Clinician.

If transcripts, tape recordings or videotapes have been made of any portions of the Emergency Case Stabilization Clinician's proceedings, they shall be submitted to the Court. There will be no videotaping or audiotaping of the Emergency Case Stabilization Clinician, the child or the parties without the written consent of the Emergency Case Stabilization Clinician.

FEES

Each party shall be responsible for paying one-half of the fees charged by the examiner, unless otherwise specified by order of the Court. Fees shall be payable at the time of the first appointment or as directed by the Emergency Case Stabilization Clinician. In the event any person (including the child/children) fails to appear at the time of the appointment, the Emergency Case Stabilization Clinician will determine which party is responsible for the missed appointment. The party responsible for the missed appointment shall be obligated to pay for the missed appointment in the event a charge is made for such missed appointment.

If the Emergency Case Stabilization Clinician's fee policies include the payment of a retainer, said retainer should be paid by responsible party/parties as determined by the fee pay structure outlined within this order, prior to the first appointment. Payment thereafter should be made

in accordance with the Emergency Case Stabilization Clinician's fee procedures. If at any point a party has not abided by the Emergency Case Stabilization Clinician's payment procedures, the Emergency Case Stabilization Clinician may contact the Court and request that the non-paying party be directed to pay in order to continue the evaluation in a timely fashion.

If the Emergency Case Stabilization Clinician determines that one of the parties is using his/her services unnecessarily and is thereby causing greater expense for the other party as a result thereof, the Emergency Case Stabilization Clinician may recommend to the Court a different allocation for payment of fees.

IMMUNITY

The Emergency Case Stabilization Clinician shall act in the capacity of a special master in his/her capacity pursuant to this Order, and as such, the Emergency Case Stabilization Clinician is cloaked with applicable judicial immunity consistent with Arizona case law applicable to quasi-judicial officers of the Court as to all actions undertaken pursuant to the Court appointment and this Order. Any alleged impropriety or unethical conduct by the Emergency Case Stabilization Clinician shall be brought to the attention of the Court in writing, prior to the submission of such complaints to any administrative bodies. Professional conduct within the scope of this court order shall not be deemed unprofessional conduct by the court or any administrative body.

CONFIDENTIALITY

There is **no confidentiality** relating to the parties' communications with/to the Emergency Case Stabilization Clinician or concerning the Emergency Case Stabilization Clinician's activities, treatment, referrals, data collection or recommendations. This court order constitutes a complete waiver of doctor-patient privilege, as the Emergency Case Stabilization Clinician is appointed as the court's expert. Additional rules applicable to the Emergency Case Stabilization Clinician may be ordered by the Court from time to time.

THE REPORT OF THE EMERGENCY CASE STABILIZATION

The report of the Emergency Case Stabilization Clinician may be received in evidence without the necessity of any foundation and without the objection to hearsay statements contained therein or any other objection. It is agreed that the report shall be delivered to the Court and counsel,

unless the Emergency Case Stabilization Clinician asserts extraordinary extenuating circumstances, including but not limited to imminent life threat or the potential for serious harm to a person related to the case. In that instance, the Court shall make a ruling regarding dissemination.

ROLE OF THE PARTIES

The parties shall be responsible for the following:

1. Presenting on time as requested to all appointments;
2. Following any behavioral expectations outlined in the court order;
3. Following the behavioral expectations outlined by the Emergency Case Stabilization Clinician during the course of the work;
4. Providing all requested data in a timely manner;
5. Providing the Emergency Case Stabilization Clinician with any legal, medical, scholastic and psychological records relevant to the case, upon the request of the Emergency Case Stabilization Clinician.

The parties shall keep the Emergency Case Stabilization Clinician advised of their and the child(ren)'s addresses, telephone numbers for home, work and school, mailing address if different than the living address, as well as any other pertinent information. This information shall be immediately communicated in writing to the Emergency Case Stabilization Clinician.

IT IS FURTHER ORDERED that by the signing of this minute entry, it shall become a formal Order of this Court without further notice to the parties, pursuant to Rule 54, Arizona Rules of Civil Procedure.

Date

Judge of the Superior Court

ORDER APPOINTING A DISPUTE ASSESSMENT EVALUATOR¹⁵

IT IS ORDERED *appointing [Dispute Assessment Evaluator's name, phone # and address]* to perform a dispute assessment regarding child custody and access for the parents and minor child/children and to make written recommendations to this Court.

¹⁵ Adapted from the work of the Honorable Michael D. Jones, Judge of the Superior Court of Arizona, Maricopa County.

Counsel for the parties, or parties if pro per, shall make the initial contact with the examiner through joint conference or conference call within 10 days of receipt of this order and thereafter shall arrange for the appointments for the persons to be examined.

The initial conference with the expert shall be used to summarize the issues present in the case and to allow the expert to request information he or she believes would be pertinent. The acceptance of this appointment by the evaluator indicates a capability of completing a written report by < *date* > and the ability to appear in court on the stated issue. If the expert appointed cannot comply with the time parameters stated, he or she shall notify counsel or the court immediately upon receipt of this minute entry.

The parties are to comply fully with this court order and present as requested on time for the evaluation process. The parties shall comply with all requests made by the evaluator. All data provided by the parties directly to the evaluator shall be copied to the other party, or to the legal representative of that party.

THE AUTHORITY OF THE DISPUTE ASSESSMENT EVALUATOR

The Dispute Assessment Evaluator shall have the following rights and authority with regard to the minor children and family members:

The Dispute Assessment Evaluator shall serve as an expert for the court in order to provide data and opinions relevant to the care of, custody of and access to the minor children in this case pursuant to applicable Arizona Statutes and case law. The Dispute Assessment Evaluator shall have the authority to collect data and form opinions relevant to statutory issues. The expert shall conduct any and all assessment needed in order to provide an ultimate opinion as to child custody and access in this case. Collection and integration of information as well as referral for adjunct services shall be at the sole discretion of the expert. The Dispute Assessment Evaluator may request that the parties and/or children participate in adjunct services, to be provided by third parties, including but not limited to physical or psychological examinations, assessment, psychotherapy, co-parenting work, or alcohol and drug monitoring/testing. The Court shall allocate between the parties the cost of any adjunct service.

The Dispute Assessment Evaluator shall be *promptly* provided all records, reports, and documents requested and shall receive the cooperation of all parties and counsel involved to ensure that the report is submitted on the

date requested. This Stipulation shall act as a release by the parties of all information requested by the Dispute Assessment Evaluator and shall further obligate the parties for any costs associated with the production of those records to the Dispute Assessment Evaluator. Any such costs shall be paid promptly and by the party/parties as outlined in this order.

The Dispute Assessment Evaluator may communicate ex-parte with the Court regarding procedural issues. The Court may order additional rules applicable to the Dispute Assessment Evaluator from time to time. The Dispute Assessment Evaluator may seek guidance from the Court in order to achieve clarity with regard to the procedural aspects of the intervention should disputes arise. If the litigant[s] is/are Pro Per, the Dispute Assessment Evaluator may communicate with the judge regarding how to proceed.

The attorneys may not engage in ex-parte communications regarding substantive issues with the Dispute Assessment Evaluator but rather communications shall be conducted personally or through conference calls, unless otherwise determined by the court. Procedural issues and scheduling may be discussed at the discretion of the Dispute Assessment Evaluator. The Dispute Assessment Evaluator may choose to communicate with counsel about procedural issues and may refrain from discussing material originating in the intervention sessions at his/her discretion.

Although the Dispute Assessment Evaluator will espouse collegial inter-professional relations with counsel, the Dispute Assessment Evaluator does not have to report to the attorneys and any threats or intimidation by counsel or the parties toward the interventionist shall be promptly reported to the court.

No other clinicians (therapists, psychologists, social workers) are to work on this case during the course of the evaluation without the consent or authorization of the Dispute Assessment Evaluator, unless otherwise authorized by court order.

IMMUNITY

The Dispute Assessment Evaluator shall act in the capacity of a special master in his/her capacity pursuant to this Order, and as such, the Dispute Assessment Evaluator is cloaked with applicable judicial immunity consistent with Arizona case law applicable to quasi-judicial officers of the Court as to all actions undertaken pursuant to the Court appointment and this Order. Any alleged impropriety or unethical

conduct by the Dispute Assessment Evaluator shall be brought to the attention of the Court in writing, prior to the submission of such complaints to any administrative bodies. Professional conduct within the scope of this court order shall not be deemed unprofessional conduct by the court or any administrative body.

INFORMATION AND RECORDS

The Dispute Assessment Evaluator shall be provided copies of all minute entries, orders and pleadings filed in this case.

The Dispute Assessment Evaluator shall also have access to:

- [i] All therapists of the children and parties;
- [ii] All school and medical records of the children and parties;
- [iii] Any and all psychological testing or evaluations performed on the children or the parties (if the Dispute Assessment Evaluator is qualified in test interpretation);
- [iv] Any and all teachers/child care providers for the children.
- [v] Any and all additional records the Dispute Assessment Evaluator deems necessary and relevant to the evaluation.

At the request of the Dispute Assessment Evaluator, each party shall execute any and all releases or consents necessary so as to authorize the Dispute Assessment Evaluator's access to the information contemplated herein above.

The Dispute Assessment Evaluator may seek information and records that are the result of a privileged relationship. The Dispute Assessment Evaluator shall request only the records and information that are necessary and pertinent to further the purpose of this case stabilization. The possessor of the records and information will release relevant information in an effort to retain the integrity of the privileged relationship, yet cooperate with the needs of the Dispute Assessment Evaluator for this evaluation.

APPEARANCES

Each party reserves the right to call the Dispute Assessment Evaluator as a witness. If only one party believes that the Dispute Assessment

Evaluator's testimony is necessary in addition to her written report, that party shall be responsible for 100% of the costs incurred in connection with the Dispute Assessment Evaluator testifying during the hearing.

The Dispute Assessment Evaluator may appear and may be available to testify at any court hearing upon reasonable notice to the Dispute Assessment Evaluator, the Court, and the opposing party, regarding any issue addressed by the Dispute Assessment Evaluator.

If transcripts, tape recordings or videotapes have been made of any portions of the Dispute Assessment Evaluator's proceedings, they shall be submitted to the Court. There will be no videotaping or audiotaping of the Dispute Assessment Evaluator, the child or the parties without the written consent of the Dispute Assessment Evaluator.

FEES

Each party shall be responsible for paying one-half of the fees charged by the examiner, unless otherwise specified by order of the Court. Fees shall be payable at the time of the first appointment or as directed by the Dispute Assessment Evaluator. In the event any person (including the child/children) fails to appear at the time of the appointment, the Dispute Assessment Evaluator will determine which party is responsible for the missed appointment. The party responsible for the missed appointment shall be obligated to pay for the missed appointment in the event a charge is made for such missed appointment.

If the Dispute Assessment Evaluator's fee policies include the payment of a retainer, said retainer should be paid by responsible party/parties as determined by the fee pay structure outlined within this order, prior to the first appointment. Payment thereafter should be made in accordance with the Dispute Assessment Evaluator's fee procedures. If at any point a party has not abided by the Dispute Assessment Evaluator's payment procedures, the Dispute Assessment Evaluator may contact the Court and request that the non-paying party be directed to pay in order to continue the evaluation in a timely fashion.

If the Dispute Assessment Evaluator determines that one of the parties is using his/her services unnecessarily and is thereby causing greater expense for the other party as a result thereof, the Dispute Assessment Evaluator may recommend to the Court a different allocation for payment of fees.

CONFIDENTIALITY

There is **no confidentiality** relating to the parties' communications with/to the Dispute Assessment Evaluator or concerning the Dispute Assessment Evaluator's activities, treatment, referrals, data collection or recommendations. This court order constitutes a complete waiver of doctor-patient privilege, as the Dispute Assessment Evaluator is appointed as the court's expert. Additional rules applicable to the Dispute Assessment Evaluator may be ordered by the Court from time to time.

THE DISPUTE ASSESSMENT EVALUATOR REPORT

The report of the Dispute Assessment Evaluator may be received in evidence without the necessity of any foundation and without the objection to hearsay statements contained therein or any other objection. It is agreed that the report shall be delivered to the Court, the parties and counsel, unless otherwise ordered by the Court. Upon delivery of the report, the evaluator shall be discharged of his evaluative duties. Any further data collection shall be executed only via court order.

IT IS FURTHER ORDERED that by the signing of this minute entry, it shall become a formal Order of this Court without further notice to the parties, pursuant to Rule 54, Arizona Rules of Civil Procedure.

Date

Judge of the Superior Court

ORDER APPOINTING A THERAPEUTIC INTERVENTIONIST¹⁶**Reunification Clinician**

1. Upon stipulation of the parties, a Therapeutic Interventionist (TI) is appointed pursuant to Arizona Revised Statutes Section 25-405 - Interviews by court; professional assistance:

A. The court may interview the child in chambers to ascertain the child's wishes as to his custodian and as to visitation.

¹⁶ The Honorable Toby Maureen Gerst was instrumental in the development of the third version of this court order.

B. The court may seek the advice of professional personnel, whether or not employed by the court on a regular basis. The advice given shall be in writing and shall be made available by the court to counsel, upon request, under such terms as the court determines. Counsel may examine as a witness any professional personnel consulted by the court, unless such right is waived.

The Therapeutic Interventionist shall serve pursuant to applicable case law, rules of court, local rules, domestic relations rules, rules of civil procedure, uniform rules, and with behavior consistent with the Ethical Standards of the American Psychological Association.

TERM

The Therapeutic Interventionist is appointed for a term of 12 months subject to (1) reappointment at the expiration thereof upon the Court's own motion, the request of the Therapeutic Interventionist or motion of either party; or (2) earlier removal by court order based upon motion showing good cause, stipulation of the parties, or resignation by the Therapeutic Interventionist. Sixty (60) days prior to the expiration of this appointment, the Therapeutic Interventionist shall submit to the Court and parties or their counsel, if represented, a summary of the history of the services rendered, compliance by the parties, recommendations made, and any recommendations for future involvement of the Therapeutic Interventionist.

ROLE OF THE THERAPEUTIC INTERVENTIONIST

IT IS ORDERED *appointing [Therapeutic Interventionist's name, phone # and address]* in the following role to perform the following functions:

Therapeutic Reunification Clinician

In this role, the interventionist may serve as follows:

1. Provide rehabilitation of a relationship between identified family members.
2. Identify, establish and communicate clear boundaries, behavioral expectations, and rules, in order to enhance safety and health in the family.

3. Make referrals for therapy as appropriate for containment of psychological or behavioral issues regarding the parents or children as needed.
4. Report child maltreatment pursuant to applicable child abuse reporting statutes.
5. Facilitate the development of, or implement a court-ordered, child-focused, schedule for access.
6. Facilitate conflict resolution.
7. Provide education and support to obviate re-litigation.
8. Assist family members in establishing:
 - a. Rules for healthy interaction with each other;
 - b. Rules for safe touch;
 - c. Rules for appropriate child discipline;
 - d. Rules for establishing appropriate behavioral limits;
 - e. Rules for family boundaries;
 - f. Rules for what is discussed in telephone contacts between parents and children;
 - g. Rules for behavior at exchanges;
 - h. Rules regarding who is present at exchanges and access.

THE AUTHORITY OF THE THERAPEUTIC INTERVENTIONIST

The Therapeutic Interventionist shall have the following rights and authority with regard to the minor children and family members:

The Therapeutic Interventionist shall serve as an expert for the court in order to provide data and opinions relevant to the care of, custody of and access to the minor children in this case pursuant to applicable Arizona Statutes and case law. The Therapeutic Interventionist shall have the authority to assess, intervene, educate and refer for treatment as deemed necessary by the expert.

The Therapeutic Interventionist shall have: (a) Reasonable access to the children and family members with 24-hour notice and (b) Reasonable

access to all treating clinicians, medical doctors, educators, day care providers, and health care professionals with 24-hour notice. The parties shall immediately comply with any requests by the Expert for documentation or further evaluation such as random drug testing through TASC, substance use assessment by a licensed medical doctor, or any other form of assessment unless otherwise instructed via court order.

In addition, the Therapeutic Interventionist shall be *promptly* provided all records, reports, and documents requested and shall receive the cooperation of all parties and counsel involved to ensure that the report is submitted on the date requested. This Stipulation shall act as a release by the parties of all information requested by the Therapeutic Interventionist and shall further obligate the parties for any costs associated with the production of those records to the Therapeutic Interventionist. Any such costs shall be paid promptly and by the party/parties as outlined in this order.

The Therapeutic Interventionist may request that the parties and/or children participate in adjunct services, to be provided by third parties, including but not limited to physical or psychological examinations, assessment, psychotherapy, co-parenting work, or alcohol and drug monitoring/testing. The Court shall allocate between the parties the cost of any adjunct service.

The Therapeutic Interventionist may communicate ex-parte with the Court regarding procedural issues. The Court may order additional rules applicable to the Therapeutic Interventionist from time to time.

The Therapeutic Interventionist may seek guidance from the Court in order to achieve clarity with regard to the procedural aspects of the intervention should disputes arise. If the litigant[s] is/are Pro Per, the Therapeutic Interventionist may communicate with the judge regarding how to proceed.

The attorneys may not engage in ex-parte communications regarding substantive issues with the Therapeutic Interventionist but rather communications shall be conducted personally or through conference calls, unless otherwise determined by the court. Procedural issues and scheduling may be discussed at the discretion of the Therapeutic Interventionist. The Therapeutic Interventionist may choose to communicate with counsel about procedural issues and may refrain from discussing material originating in the intervention sessions at his/her discretion.

No other clinicians (therapists, psychologists, social workers) are to work on this case during the course of the evaluation without the consent or authorization of the Interventionist, unless otherwise authorized by court order.

Although the Therapeutic Interventionist will espouse collegial inter-professional relations with counsel, the Therapeutic Interventionist does not have to report to the attorneys and any threats or intimidation by counsel or the parties toward the interventionist shall be promptly reported to the court.

The Therapeutic Interventionist has the authority to make recommendations regarding implementation, clarification, amendment and enforcement of any temporary or permanent treatment or reunification orders of the court. Such recommendations are made in writing and copied to counsel or the parties. The Therapeutic Interventionist may report non-compliance by either party or family member and may recommend appropriate sanctions for such behavior.

INFORMATION AND RECORDS

The Therapeutic Interventionist shall be provided copies of all minute entries, orders and pleadings filed in this case.

The Therapeutic Interventionist shall have access to:

- [i] All therapists of the children and parties;
- [ii] All school and medical records of the children and parties;
- [iii] Any and all psychological testing or evaluations performed on the children or the parties (if the Therapeutic Interventionist is qualified in test interpretation);
- [iv] Any and all teachers/child care providers for the children.
- [v] Any and all additional records the Therapeutic Interventionist deems necessary and relevant to the evaluation.

At the request of the Therapeutic Interventionist, each party shall execute any and all releases or consents necessary so as to authorize the

Therapeutic Interventionist's access to the information contemplated herein above.

The Therapeutic Interventionist may seek information and records that are the result of a privileged relationship. The Therapeutic Interventionist shall request only the records and information that are necessary and pertinent to further the purpose of this case stabilization. The possessor of the records and information will release relevant information in an effort to retain the integrity of the privileged relationship, yet cooperate with the needs of the Therapeutic Interventionist for this case stabilization.

The Therapeutic Interventionist is authorized to interview and treat the parties or child in any combination, whether initiated by the Therapeutic Interventionist or either party. If either party provides data to the Therapeutic Interventionist, the giving party shall provide the documentation or writing given to the Therapeutic Interventionist to the opposing party and counsel (if any) simultaneous to providing it to the Therapeutic Interventionist.

CONFIDENTIALITY

There is **no confidentiality** relating to the parties' communications with/to the Therapeutic Interventionist or concerning the Therapeutic Interventionist's activities, treatment, referrals, data collection or recommendations. This court order constitutes a complete waiver of doctor-patient privilege, as the Therapeutic Interventionist is appointed as the court's expert. Additional rules applicable to the Therapeutic Interventionist may be ordered by the Court from time to time.

APPEARANCES

Each party reserves the right to call the Therapeutic Interventionist as a witness. If only one party believes that the Therapeutic Interventionist's testimony is necessary in addition to her written report, that party shall be responsible for 100% of the costs incurred in connection with the Therapeutic Interventionist testifying during the hearing.

The Therapeutic Interventionist may appear and may be available to testify at any court hearing upon reasonable notice to the Therapeutic Interventionist, the Court, and the opposing party, regarding any issue addressed by the Therapeutic Interventionist.

If transcripts, tape recordings or videotapes have been made of any portions of the Therapeutic Interventionist's proceedings, they shall be submitted to the Court. There will be no videotaping or audiotaping of the Therapeutic Interventionist, the child or the parties without the written consent of the Therapeutic Interventionist.

IMMUNITY

The Therapeutic Interventionist shall act in the capacity of a special master in his/her capacity pursuant to this Order, and as such, the Therapeutic Interventionist is cloaked with applicable judicial immunity consistent with Arizona case law applicable to quasi-judicial officers of the Court as to all actions undertaken pursuant to the Court appointment and this Order. Any alleged impropriety or unethical conduct by the Therapeutic Interventionist shall be brought to the attention of the Court in writing, prior to the submission of such complaints to any administrative bodies. Professional conduct within the scope of this court order shall not be deemed unprofessional conduct by the court or any administrative body.

FEES

IT IS FURTHER ORDERED the _____ shall be responsible for and pay _____% of the Therapeutic Interventionist's fees and the _____ shall be responsible for and pay ____% of the Therapeutic Interventionist's fees, until further order of the Court. All fees shall be paid in advance as determined by the Therapeutic Interventionist. The Therapeutic Interventionist shall keep accurate records of services rendered and fees paid by each party.

If the Therapeutic Interventionist's fee policies include the payment of a retainer, said retainer should be paid by responsible party/parties prior to the first appointment. Payment thereafter should be made in accordance with the Therapeutic Interventionist's fee procedures. If at any point a party has not abided by the Therapeutic Interventionist's payment procedures, the Therapeutic Interventionist may contact the Court and request that the non-paying party be directed to pay in order to continue the treatment in a timely fashion.

Should the Therapeutic Interventionist determine that one of the parties is using his/her services unnecessarily and is thereby causing greater expense for the other party as a result thereof, the Therapeutic

Interventionist may recommend to the Court a different allocation for payment of fees.

The fees ordered to be paid to the Therapeutic Interventionist hereunder are considered to be in the nature of and enforceable as child support and are endorsed as an adjustment within the guidelines as more clearly set forth in the parent's worksheet for child support.

THE THERAPEUTIC INTERVENTIONIST REPORT

The Therapeutic Interventionist shall provide brief 90-day intervention summaries to the court. Copies are to be provided to the parties or counsel.

The report of the Therapeutic Interventionist may be received in evidence without the necessity of any foundation and without the objection to hearsay statements contained therein or any other objection. It is agreed that the report shall be delivered to the Court and counsel, unless the Therapeutic Interventionist asserts extraordinary extenuating circumstances, including but not limited to imminent life threat or the potential for serious harm to a person related to the case. In that instance, the Court shall make a ruling regarding dissemination.

ROLE OF THE PARTIES

The parties shall be responsible for the following:

1. Keep the Therapeutic Interventionist informed of concerns;
2. Meet the behavioral expectations outlined in the court order;
4. Meet the behavioral expectations outlined by the Therapeutic Interventionist during the course of the work;
5. Promote a healthy relationship between their children and the other parent;
6. Work toward fostering healthy familial relationships;
7. Provide the Therapeutic Interventionist with any legal, medical, scholastic and psychological records relevant to the case, upon the request of the Therapeutic Interventionist.

8. Provide the clinician with notice of all judicial proceedings affecting the children or the intervention process.

The parties shall keep the Therapeutic Interventionist advised of their and the child(ren)'s addresses, telephone numbers for home, work and school, mailing address if different than the living address, as well as any other pertinent information. This information shall be immediately communicated in writing to the Therapeutic Interventionist.

The court finds good cause to waive the requirements of Rule 58 (d) the signing of this minute entry constitutes an enforceable order of the court.

Date

Judge of the Superior Court

**ORDER APPOINTING
A FORENSICALLY INFORMED TREATMENT CLINICIAN**

IT IS ORDERED *appointing [Forensically Informed Treatment Clinician's name, phone # and address]* to conduct an Forensically Informed Treatment of the above named family and their respective children for the next 45 days. The Forensically Informed Treatment Clinician shall provide counseling services based on his or her training, expertise and experience. Treatment goals shall be identified in writing and brief 90-day treatment summaries shall be provided to the court and to the parents.

AUTHORITY

Upon stipulation of the parties, or via determination by the court, a Forensically Informed Treating Clinician is appointed pursuant to Arizona Revised Statutes Section 25-405 - Interviews by court; professional assistance:

The court may seek the advice of Forensically Informed Treatment Clinician, whether or not employed by the court on a regular basis. The advice given shall be in writing and shall be made available by the court to counsel, upon request, under such terms as the court determines. Counsel may examine as a witness any Forensically Informed Treatment Clinician consulted by the court, unless such right is waived.

The Forensically Informed Treatment Clinician shall serve pursuant to applicable case law, rules of court, local rules, domestic relations rules, rules of civil procedure, uniform rules, and with behavior consistent with the Ethical Standards of the American Psychological Association.

No other clinicians shall evaluate or treat the children without the express written consent or referral by the No other clinicians shall evaluate or treat the children without the express written consent or referral by the Forensically Informed Clinician, or by order of the Court.

TERM

The Forensically Informed Treatment Clinician is appointed for a term of 12 months subject to (1) reappointment at the expiration thereof upon the Court's own motion, the request of the Forensically Informed Treatment Clinician or motion of either party; or (2) earlier removal by court order may be based upon motion showing good cause, stipulation of the parties, or resignation by the Forensically Informed Treatment Clinician.

REPORT

Sixty (60) days prior to the expiration of this appointment, the Forensically Informed Treatment Clinician shall submit to the Court and parties or their counsel, if represented, a summary of the history of the services rendered, compliance by the parties, any recommendations made, and any recommendations for future involvement of the Forensically Informed Treating Clinician.

CONFIDENTIALITY

There is **limited confidentiality** relating to the parties' communications with/to the Forensically Informed Treatment Clinician or concerning the Forensically Informed Treatment Clinician's activities, treatment, referrals, data collection or recommendations. The Forensically Informed Treatment Clinician shall maintain the privacy of the children, in as much is needed, to secure a sense of psychological safety for the child or children. Information will be shared with the parents as needed in order to enhance therapeutic goals. Information may be withheld from the parents as well, with the understanding that intrusion, poor boundaries or secondary agendas may be potentially harmful to the children. Overall, the child or

children's best interests, as determined by the Forensically Informed Treatment Clinician, will be the prevailing interest.

This court order constitutes a complete waiver of doctor-patient privilege, as the Forensically Informed Treatment Clinician is appointed as the court's expert. Thus, the Forensically Informed Treating Clinician may have access to any previous psychiatric or psychological treatment records of the children or parties. The Court may order additional rules applicable to the Forensically Informed Treating Clinician from time to time.

IMMUNITY

The Forensically Informed Treatment Clinician shall act in the capacity of a special master in his/her capacity pursuant to this Order, and as such, the Forensically Informed Treatment Clinician is cloaked with applicable judicial immunity consistent with Arizona case law applicable to quasi-judicial officers of the Court as to all actions undertaken pursuant to the Court appointment and this Order. Any alleged impropriety or unethical conduct by the Forensically Informed Treatment Clinician shall be brought to the attention of the Court in writing, prior to the submission of such complaints to any administrative bodies. Professional conduct within the scope of this court order shall not be deemed unprofessional conduct by the court or any administrative body.

FEES

IT IS FURTHER ORDERED the _____ shall be responsible for and pay _____% of the Forensically Informed Treatment Clinician's fees and the _____ shall be responsible for and pay ____% of the Forensically Informed Treatment Clinician's fees, until further order of the Court. All fees shall be paid in advance as determined by the Forensically Informed Treatment Clinician. The Forensically Informed Treatment Clinician shall keep accurate records of services rendered and fees paid by each party.

If the Forensically Informed Treatment Clinician's fee policies include the payment of a retainer, said retainer should be paid by responsible party/parties prior to the first appointment. Payment thereafter should be made in accordance with the Forensically Informed Treatment Clinician's fee procedures. If at any point a party has not abided by the Forensically Informed Treatment Clinician's payment procedures, the Forensically Informed Treatment Clinician may contact the Court and

request that the non-paying party be directed to pay in order to continue the treatment in a timely fashion.

Should the Forensically Informed Treatment Clinician determine that one of the parties is using his/her services unnecessarily and is thereby causing greater expense for the other party as a result thereof, the Forensically Informed Treatment Clinician may recommend to the Court a different allocation for payment of fees.

The fees ordered to be paid to the Forensically Informed Treatment Clinician hereunder are considered to be in the nature of and enforceable as child support and are endorsed as an adjustment within the guidelines as more clearly set forth in the parent's worksheet for child support.

ROLE OF THE PARTIES

The parents consent to allow this therapy to proceed without interfering with the integrity of the treatment. The parents agree to participate in the therapy as requested by the therapist, include children in therapy upon the request of the clinician and agree to follow-through with referrals as made by the therapist.

The parents agree not to subpoena the Forensically Informed Treatment Clinician or otherwise secure his or her records, so that the child (ren) may have a suitable setting to explore therapeutic material designed to enhance growth and to ameliorate symptoms, without parental interference.

It is preferable that the parents alternate bringing the child (ren) to treatment on a weekly or bi-weekly basis, as designated by the therapist. The child or children are to be allocated the majority of the session with parental involvement as instructed by the clinician.

The court finds good cause to waive the requirements of Rule 58 (d) the signing of this minute entry constitutes an enforceable order of the court.

Date

Judge of the Superior Court

CONCLUSION

Thousands of families are seen for evaluations and interventions in family court each year. While the findings of quality evaluations are crucial to the Trier of Fact, some family law issues are better addressed through therapeutic interventions that provide for education, therapeutic change, long-term monitoring, and treatment.

This bench book is written as a stepping-stone toward a redefinition of behavioral health services provided in Family Court. When the scope of services is broadened, the needs of more families are met. Further, judges are provided an opportunity to gather timely data relevant to specific psycho-legal issues. They are also better able to manage and monitor difficult cases.

Forensically Informed Therapeutic Interventions address family law issues as they presently exist. Re-constitution, step-parenting, co-parenting, estrangement, relocation, single parenting, never married parents, substance abuse, and child maltreatment are issues that require intervention not just evaluation.

Note from the authors: We present this book as a step toward a greater integration between the judiciary and forensic psychologists. We hope

that you will consider implementing that which you find helpful and contact us with additional suggestions. The original version of this bench book included reading and website resources. For a copy of these resources or if you have comments or suggestions contact the authors, lkmarkan@aol.com or davidweinstock@hotmail.com